

11 - Clara DeMik

1. PLACE OF DEATH		Registration No. 465		County Clerk ORIGINAL	
County Kankakee Township or Road Dist. St. Anne		Primary Dist. No. 4831		Copy 8	
Incorp. Town } or Village }		Ne. Clara DeMik		2058	
City. Clara DeMik				St.; Ward	
2. FULL NAME				[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
(a) Residence. No. Clara DeMik (Usual place of abode)		St., Ward		(If non-resident give city or town and State)	
Length of residence in city or town where death occurred		Yrs.	Mos.	ds.	How long in U. S., if of foreign birth? Yrs. Mos. ds.
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX F	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (Write the word)		6. DATE OF BIRTH June 11, 1919	
5a. If married, widowed or divorced HUSBAND of (or) WIFE of					
7. AGE 56 Years		Months	Days	If LESS than 1 day, hrs. OR min.?	
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer Housewife					
9. BIRTHPLACE (city or town) Holland (State or Country)					
10. NAME OF FATHER Gerrit Vanderlee					
11. BIRTHPLACE OF FATHER (city or town) Holland (State or Country)					
12. MAIDEN NAME OF MOTHER unknown					
13. BIRTHPLACE OF MOTHER (city or town) Holland (State or Country)					
14. INFORMANT W.B. Denish Address St. Anne Ill					
15. Filed Aug 17, 1998 by Registrar					
STATE OF ILLINOIS Department of Public Health - Division of Vital Statistics STANDARD CERTIFICATE OF DEATH					
Registered No. 8					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH Aug 14, 1919 (Month) (Day) (Year)					
17. I HEREBY CERTIFY, That I attended deceased from July 1, 1919, to Aug 14, 1919 that I last saw her alive on Aug 13, 1919 , and that death occurred, on the date stated above, at 3:50 p.m. The CAUSE OF DEATH* was as follows, addesons disease					
(Duration) yrs. mos. ds.					
Contributory (Secondary)					
(Duration) yrs. mos. ds.					
18. WHERE WAS DISEASE CONTRACTED if not at place of death? _____ Did an operation precede death? Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? _____ (Signed) R.L. Benjamin , Mr. D. Address St. Anne Ill Date 8/14/1919 Telephone _____					
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL					
19. PLACE OF BURIAL OR REMOVAL Oakwood Cemetery		20. DATE OF BURIAL Aug 16, 1919			
20. UNDERTAKER J.C. Woodington		ADDRESS St. Anne Ill			